

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 98762 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death, March 21<sup>st</sup> 87

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Daniel P. Higgins

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 6 Years, 4 Months,  Days,

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Single ✓

Occupation, Nothing

Birthplace, State or country, and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, Give street and Number. 541 N. Calvert St

Cause of Death, First (Primary). Hemorrhagic Malaria-Meningitis  
Second (Immediate). Convulsions. Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 23<sup>d</sup> 1887 J. B. Saunders M. D.

Undertaker, Henry W. Means Medical Attendant.

Place of Business, #413 E. Fayette St Address, J. E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98763 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Wm Hoch  
Frederick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give Street and Number. } 1014 Canton ave.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pneumonialis  
Exhaustion

Duration of Last Sickness, 8 or 10 mo

All the above information should be furnished by the Physician.

Place of Burial, Wanamt Carmell

Date of Burial, March 24

Undertaker, Wendell Diggel Geo B Reynolds M. D.

Medical Attendant.

Place of Business, 157 S Bond Address, 74 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98764 Office of Registrar of Vital Statistics. Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph J. Roberts

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 17 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 25 Eastern Ave

Cause of Death, { First (Primary), Second (Immediate), } Hypertrophy of the Heart  
Dropsy

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, March 22<sup>nd</sup> 1887

Undertaker, James D. Byrne J. J. Grop M. D.

Medical Attendant.

Place of Business, No 63 N Front St Address, 137 Orion St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

## Health Department, City of Baltimore.

Permit No.

9876 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clara B. Shipley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, Days.

Color, Col.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. }

1510 Vine Street

Cause of Death, { First (Primary), }

Pneumonia

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22 1887

{ Undertaker,

William H. Dunge

B. S. Zitecomb

M. D.

Medical Attendant.

{ Place of Business, 150

Address, 836 N Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.  
Office of Registrar of Vital Statistics.

Permit No. 98766

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, March 22 1898

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helena Alberta Akhurst

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 1 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Father, John S. Akhurst

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 1638

Place of Death, { Give Street and Number. } 1638

Cause of Death, { First (Primary), Second (Immediate), } Measles, ventricles declining, one month ago had measles, in 20th day died 1 month

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24<sup>th</sup>

Undertaker, B. Harle

Place of Business, 115 West St.

Address, 1227 1/2 St.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98767 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 21<sup>st</sup> 1887

Full Name of Deceased, Mary Lucy Schwab  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 9 Years, 9 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Widow  
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, No 1316. old E. Fayette  
{ Give Street and Number. }

Cause of Death, Teething  
{ First (Primary), Second (Immediate), }  
Effusion on the Brain

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 23 1887

{ Undertaker, Ch. Rossing } H. Ridgway Andre M. D.  
Medical Attendant.

{ Place of Business, 1436 E. Balt. } Address, 121 E. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98768 Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 21<sup>st</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reynolds Touchstone  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 2 Years, 21 Months, 21 Days.  
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bath

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 219 S. Chester

Cause of Death, { First (Primary), Second (Immediate), } Gastritis  
Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, March 23<sup>rd</sup> 1887

Undertaker, Denny & Mitchell John Reynolds M.D. Medical Attendant.

Place of Business, 55-0 W. Fayette Address, 711 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4602 Transit [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

98769

Office of Registrar of Vital Statistics.

Ward

6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

Date of Death,

March 20<sup>th</sup> 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bernard Schieffeld

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

10 Months,

Days.

Color,

Married, Single, ~~Widow~~ or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

298 Orleans St.

Cause of Death,

{ First (Primary), }

Diabetes

{ Second (Immediate), }

convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

March 23, 87

Thos J. Linn

M. D.

{ Undertaker,

Henry McQuinn

Medical Attendant.

{ Place of Business,

8 N. Central

Address,

242 N. 17<sup>th</sup> Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98770 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Gell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Barania

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give Street and Number. } 1732 E. Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Mar 24 1887

Undertaker, W. Blothorn & Co.

Place of Business, 1709 E. Lombard

A. M. White, M. D.  
Medical Attendant.

Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98077 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Wilbur Ellis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1444 N. Gay St.

Cause of Death, { First (Primary), Second (Immediate), } Inanition  
Congestion of Brain & Emphysema

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 24<sup>th</sup>

Undertaker, Geo Schilling Thos. J. Sumner M. D.

Place of Business, Ashland Square Address, 8004 N. B. Way

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]